Eric A. Petermann, DC
3714 E Indian School Rd.
Phoenix, AZ 85018
602-224-00004

INFORMED CONSENT TO CHIROPRACTIC ADJUSTMENTS AND CARE

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physiotherapy and diagnostic x-rays, on me (or on the patient named below, for whom I am legally responsible) by Dr. Eric Petermann, Chiropractor, and/or any licensed doctor of chiropractic associated with or working as back-up for Dr. Petermann

I understand that the results of treatment are not guaranteed. I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment, including, but not limited to, fracture, disc injuries, strokes, dislocations and strains. I do not expect the doctor to be able to anticipate and explain all risks and complications and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based on the facts then known, is in my best interest.

I have read, or had read to me, above consent. I have also had the opportunity to ask questions about its content and by signing below I agree to the above named procedures. This consent form is intended to cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment.

To be completed by patient or guardian/patient representative:

Print patient's name: _____

Signature of patient/guardian: _____

Date signed:_____

Print name of guardian or patient representative:_____

Witnessed by: _____